

House File 803 - Reprinted

HOUSE FILE 803
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HSB 255)

(As Amended and Passed by the House March 29, 2021)

A BILL FOR

1 An Act relating to duties performed by physician assistants.
2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

DUTIES OF PHYSICIAN ASSISTANTS

Section 1. Section 90A.1, Code 2021, is amended by adding the following new subsections:

NEW SUBSECTION. 5A. "*Physician*" means a person licensed as a physician pursuant to chapter 148.

NEW SUBSECTION. 5B. "*Physician assistant*" means a person licensed as a physician assistant pursuant to chapter 148C.

Sec. 2. Section 90A.8, Code 2021, is amended to read as follows:

90A.8 Required conditions for boxing matches.

1. A boxing match shall be not more than fifteen rounds in length and the contestants shall wear gloves weighing at least eight ounces during such contests. The commissioner may adopt rules requiring more stringent procedures for specific types of boxing.

2. A contestant shall not take part in a boxing match unless the contestant has presented a valid registration identification card issued pursuant to [section 90A.3](#) to the commissioner prior to the weigh-in for the boxing match. The contestant shall pass a rigorous physical examination to determine the contestant's fitness to engage in any such match within twenty-four hours of the start of the match. The examination shall be conducted by a licensed practicing physician or physician assistant designated or authorized by the commissioner.

Sec. 3. Section 96.5, subsection 1, paragraphs d and e, Code 2021, are amended to read as follows:

d. The individual left employment because of illness, injury, or pregnancy upon the advice of a licensed and practicing physician or physician assistant, and upon knowledge of the necessity for absence immediately notified the employer, or the employer consented to the absence, and after recovering from the illness, injury, or pregnancy, when recovery was certified by a licensed and practicing physician or physician

1 assistant, the individual returned to the employer and offered
2 to perform services and the individual's regular work or
3 comparable suitable work was not available, if so found by the
4 department, provided the individual is otherwise eligible.

5 e. The individual left employment upon the advice of a
6 licensed and practicing physician or physician assistant,
7 for the sole purpose of taking a member of the individual's
8 family to a place having a different climate, during which
9 time the individual shall be deemed unavailable for work, and
10 notwithstanding during such absence the individual secures
11 temporary employment, and returned to the individual's
12 regular employer and offered the individual's services and the
13 individual's regular work or comparable work was not available,
14 provided the individual is otherwise eligible.

15 Sec. 4. Section 135.109, subsection 3, paragraph b, Code
16 2021, is amended to read as follows:

17 b. A licensed physician, physician assistant, or nurse who
18 is knowledgeable concerning domestic abuse injuries and deaths,
19 including suicides.

20 Sec. 5. Section 135.146, subsection 2, Code 2021, is amended
21 to read as follows:

22 2. Participation in the vaccination program shall be
23 voluntary, except for first responders who are classified
24 as having occupational exposure to blood-borne pathogens as
25 defined by the occupational safety and health administration
26 standard contained in [29 C.F.R. §1910.1030](#). First responders
27 who are so classified shall be required to receive the
28 vaccinations as described in [subsection 1](#). A first responder
29 shall be exempt from this requirement, however, when a
30 written statement from a licensed physician or physician
31 assistant is presented indicating that a vaccine is medically
32 contraindicated for that person or the first responder signs
33 a written statement that the administration of a vaccination
34 conflicts with religious tenets.

35 Sec. 6. Section 135J.1, Code 2021, is amended by adding the

1 following new subsection:

2 NEW SUBSECTION. 01. "*Attending physician*" means a physician
3 licensed pursuant to chapter 148 or a physician assistant
4 licensed pursuant to chapter 148C.

5 Sec. 7. Section 135J.1, subsection 6, paragraph e, Code
6 2021, is amended to read as follows:

7 e. As deemed appropriate by the hospice, physician
8 assistants, providers of special services including but
9 not limited to a spiritual counselor, a pharmacist, or
10 professionals in the fields of mental health may be included
11 on the interdisciplinary team.

12 Sec. 8. Section 135J.3, subsections 1 and 4, Code 2021, are
13 amended to read as follows:

14 1. A planned program of hospice care, the medical components
15 of which shall be under the direction of ~~a licensed~~ an
16 attending physician.

17 4. Palliative care provided to a hospice patient and family
18 under the direction of ~~a licensed~~ an attending physician.

19 Sec. 9. Section 141A.5, subsection 2, paragraph c, Code
20 2021, is amended to read as follows:

21 c. (1) Devise a procedure, as a part of the partner
22 notification program, to provide for the notification of an
23 identifiable third party who is a sexual partner of or who
24 shares drug injecting equipment with a person who has tested
25 positive for HIV, by the department or a physician or physician
26 assistant, when all of the following situations exist:

27 (a) A physician or physician assistant for the infected
28 person is of the good faith opinion that the nature of the
29 continuing contact poses an imminent danger of HIV transmission
30 to the third party.

31 (b) When the physician or physician assistant believes
32 in good faith that the infected person, despite strong
33 encouragement, has not and will not warn the third party and
34 will not participate in the voluntary partner notification
35 program.

1 (2) Notwithstanding subsection 3, the department or a
 2 physician or physician assistant may reveal the identity of a
 3 person who has tested positive for HIV infection pursuant to
 4 this subsection only to the extent necessary to protect a third
 5 party from the direct threat of transmission. This subsection
 6 shall not be interpreted to create a duty to warn third parties
 7 of the danger of exposure to HIV through contact with a person
 8 who tests positive for HIV infection.

9 (3) The department shall adopt rules pursuant to chapter
 10 17A to implement this paragraph "c". The rules shall provide a
 11 detailed procedure by which the department or a physician or
 12 physician assistant may directly notify an endangered third
 13 party.

14 Sec. 10. Section 141A.6, subsections 3 and 4, Code 2021, are
 15 amended to read as follows:

16 3. Within seven days of diagnosing a person as having AIDS
 17 or an AIDS-related condition, the diagnosing physician or
 18 physician assistant shall make a report to the department on a
 19 form provided by the department.

20 4. Within seven days of the death of a person with HIV
 21 infection, the attending physician or attending physician
 22 assistant shall make a report to the department on a form
 23 provided by the department.

24 Sec. 11. Section 141A.7, subsection 3, Code 2021, is amended
 25 to read as follows:

26 3. A person may apply for voluntary treatment,
 27 contraceptive services, or screening or treatment for HIV
 28 infection and other sexually transmitted diseases directly to a
 29 licensed physician and surgeon, an osteopathic physician and
 30 surgeon, a physician assistant, or a family planning clinic.
 31 Notwithstanding any other provision of law, however, a minor
 32 shall be informed prior to testing that, upon confirmation
 33 according to prevailing medical technology of a positive
 34 HIV-related test result, the minor's legal guardian is required
 35 to be informed by the testing facility. Testing facilities

1 where minors are tested shall have available a program to
 2 assist minors and legal guardians with the notification process
 3 which emphasizes the need for family support and assists in
 4 making available the resources necessary to accomplish that
 5 goal. However, a testing facility which is precluded by
 6 federal statute, regulation, or centers for disease control
 7 and prevention guidelines from informing the legal guardian
 8 is exempt from the notification requirement. The minor shall
 9 give written consent to these procedures and to receive the
 10 services, screening, or treatment. Such consent is not subject
 11 to later disaffirmance by reason of minority.

12 Sec. 12. Section 144A.2, Code 2021, is amended by adding the
 13 following new subsections:

14 NEW SUBSECTION. 2A. "*Attending physician assistant*" means
 15 the physician assistant selected by, or assigned to, the
 16 patient who has primary responsibility for the treatment and
 17 care of the patient.

18 NEW SUBSECTION. 10A. "*Physician assistant*" means a person
 19 licensed to practice as a physician assistant in this state.

20 Sec. 13. Section 144A.4, Code 2021, is amended to read as
 21 follows:

22 **144A.4 Revocation of declaration.**

23 1. A declaration may be revoked at any time and in any
 24 manner by which the declarant is able to communicate the
 25 declarant's intent to revoke, without regard to mental or
 26 physical condition. A revocation is only effective as to
 27 the attending physician or attending physician assistant
 28 upon communication to such physician or physician assistant
 29 by the declarant or by another to whom the revocation was
 30 communicated.

31 2. The attending physician or attending physician assistant
 32 shall make the revocation a part of the declarant's medical
 33 record.

34 Sec. 14. Section 144A.7A, subsection 1, Code 2021, is
 35 amended to read as follows:

1 1. If an attending physician or attending physician
2 assistant issues an out-of-hospital do-not-resuscitate order
3 for an adult patient under this section, the physician shall
4 use the form prescribed pursuant to subsection 2, include a
5 copy of the order in the patient's medical record, and provide
6 a copy to the patient or an individual authorized to act on the
7 patient's behalf.

8 Sec. 15. Section 144A.7A, subsection 3, paragraph e, Code
9 2021, is amended to read as follows:

10 e. The physician's or physician assistant's signature.

11 Sec. 16. Section 144B.1, subsection 3, Code 2021, is amended
12 to read as follows:

13 3. "*Durable power of attorney for health care*" means a
14 document authorizing an attorney in fact to make health care
15 decisions for the principal if the principal is unable, in the
16 judgment of the attending physician or attending physician
17 assistant, to make health care decisions.

18 Sec. 17. Section 144B.5, subsection 1, Code 2021, is amended
19 to read as follows:

20 1. A durable power of attorney for health care executed
21 pursuant to this chapter may, but need not, be in the following
22 form:

23 I hereby designate as my attorney in fact (my
24 agent) and give to my agent the power to make health care
25 decisions for me. This power exists only when I am unable, in
26 the judgment of my attending physician or attending physician
27 assistant, to make those health care decisions. The attorney
28 in fact must act consistently with my desires as stated in this
29 document or otherwise made known.

30 Except as otherwise specified in this document, this document
31 gives my agent the power, where otherwise consistent with the
32 law of this state, to consent to my physician or physician
33 assistant not giving health care or stopping health care which
34 is necessary to keep me alive.

35 This document gives my agent power to make health care

1 decisions on my behalf, including to consent, to refuse to
2 consent, or to withdraw consent to the provision of any care,
3 treatment, service, or procedure to maintain, diagnose, or
4 treat a physical or mental condition. This power is subject
5 to any statement of my desires and any limitations included in
6 this document.

7 My agent has the right to examine my medical records and to
8 consent to disclosure of such records.

9 Sec. 18. Section 144B.6, subsection 1, Code 2021, is amended
10 to read as follows:

11 1. Unless the district court sitting in equity specifically
12 finds that the attorney in fact is acting in a manner contrary
13 to the wishes of the principal or the durable power of attorney
14 for health care provides otherwise, an attorney in fact who
15 is known to the health care provider to be available and
16 willing to make health care decisions has priority over any
17 other person, including a guardian appointed pursuant to
18 chapter 633, to act for the principal in all matters of health
19 care decisions. The attorney in fact has authority to make
20 a particular health care decision only if the principal is
21 unable, in the judgment of the attending physician or attending
22 physician assistant, to make the health care decision. If the
23 principal objects to a decision to withhold or withdraw health
24 care, the principal shall be presumed to be able to make a
25 decision.

26 Sec. 19. Section 144D.4, subsection 3, Code 2021, is amended
27 to read as follows:

28 3. If the individual's physician or physician assistant has
29 issued an out-of-hospital do-not-resuscitate order pursuant
30 to [section 144A.7A](#), the POST form shall not supersede the
31 out-of-hospital do-not-resuscitate order.

32 Sec. 20. Section 144F.2, subsection 1, paragraph b, Code
33 2021, is amended to read as follows:

34 b. A legal representative who is an agent under a durable
35 power of attorney for health care pursuant to [chapter 144B](#)

1 shall be given the opportunity to designate a lay caregiver
2 in lieu of the patient's designation of a lay caregiver only
3 if, consistent with [chapter 144B](#), in the judgment of the
4 attending physician or attending physician assistant, the
5 patient is unable to make the health care decision. A legal
6 representative who is a guardian shall be given the opportunity
7 to designate a lay caregiver in lieu of the patient's
8 designation of a lay caregiver to the extent consistent with
9 the powers and duties granted the guardian pursuant to section
10 633.635.

11 Sec. 21. Section 189A.6, Code 2021, is amended to read as
12 follows:

13 **189A.6 Health examination of employees.**

14 The operator of any establishment shall require all
15 employees of such establishment to have a health examination
16 by a physician or physician assistant and a certified health
17 certificate for each employee shall be kept on file by the
18 operator. The secretary may at any time require an employee
19 of an establishment to submit to a health examination by a
20 physician or physician assistant. No person suffering from
21 any communicable disease, including any communicable skin
22 disease, and no person with infected wounds, and no person who
23 is a "carrier" of a communicable disease shall be employed in
24 any capacity in an establishment. No person shall work or
25 be employed in or about any establishment during the time in
26 which a communicable disease exists in the home in which such
27 person resides unless such person has obtained a certificate
28 from a physician or physician assistant to the effect that
29 no danger of public contagion or infection will result from
30 the employment of such person in such establishment. Every
31 person employed by an establishment and engaged in direct
32 physical contact with meat or poultry products during its
33 preparation, processing, or storage, shall be clean in person,
34 wear clean washable outer garments and a suitable cap or other
35 head covering used exclusively in such work. Only persons

1 specifically designated by the operator of an establishment
2 shall be permitted to touch meat or poultry products with their
3 hands, and the persons so designated shall keep their hands
4 scrupulously clean.

5 Sec. 22. Section 225.9, Code 2021, is amended to read as
6 follows:

7 **225.9 Voluntary private patients.**

8 Voluntary private patients may be admitted in accordance
9 with the regulations to be established by the state board of
10 regents, and their care, nursing, observation, treatment,
11 medicine, and maintenance shall be without expense to
12 the state. However, the charge for such care, nursing,
13 observation, treatment, medicine, and maintenance shall not
14 exceed the cost of the same to the state. The physicians or
15 physician assistants who meet the qualifications set forth
16 in the definition of a mental health professional in section
17 228.1 on the hospital staff may charge such patients for
18 their medical services under such rules, regulations and plan
19 therefor as approved by the state board of regents.

20 Sec. 23. Section 225.10, unnumbered paragraph 1, Code 2021,
21 is amended to read as follows:

22 Persons suffering from mental diseases may be admitted to
23 the state psychiatric hospital as voluntary public patients
24 if a physician authorized to practice medicine or osteopathic
25 medicine in the state of Iowa or a physician assistant who
26 meets the qualifications set forth in the definition of a
27 mental health professional in section 228.1 files information
28 with the regional administrator for the person's county of
29 residence, stating all of the following:

30 Sec. 24. Section 225.10, subsections 1 and 2, Code 2021, are
31 amended to read as follows:

32 1. That the physician or physician assistant who meets
33 the qualifications set forth in the definition of a mental
34 health professional in section 228.1 has examined the person
35 and finds that the person is suffering from some abnormal

1 mental condition that can probably be remedied by observation,
2 treatment, and hospital care.

3 2. That the physician or physician assistant who meets the
4 qualifications set forth in the definition of a mental health
5 professional in section 228.1 believes it would be appropriate
6 for the person to enter the state psychiatric hospital for that
7 purpose and that the person is willing to do so.

8 Sec. 25. Section 225.12, Code 2021, is amended to read as
9 follows:

10 **225.12 Voluntary public patient — physician's report.**

11 A physician or a physician assistant who meets the
12 qualifications set forth in the definition of a mental health
13 professional in section 228.1 filing information under
14 section 225.10 shall include a written report to the regional
15 administrator for the county of residence of the person named
16 in the information, giving a history of the case as will be
17 likely to aid in the observation, treatment, and hospital care
18 of the person and describing the history in detail.

19 Sec. 26. Section 225.15, subsection 1, Code 2021, is amended
20 to read as follows:

21 1. When a respondent arrives at the state psychiatric
22 hospital, the admitting physician, or a physician assistant
23 who meets the qualifications set forth in the definition of a
24 mental health professional in section 228.1, shall examine the
25 respondent and determine whether or not, in the physician's
26 or physician assistant's judgment, the respondent is a fit
27 subject for observation, treatment, and hospital care. If,
28 upon examination, the physician or physician assistant who
29 meets the qualifications set forth in the definition of a
30 mental health professional in section 228.1 decides that the
31 respondent should be admitted to the hospital, the respondent
32 shall be provided a proper bed in the hospital. The physician
33 or physician assistant who meets the qualifications set forth
34 in the definition of a mental health professional in section
35 228.1 who has charge of the respondent shall proceed with

1 observation, medical treatment, and hospital care as in the
 2 physician's or physician assistant's judgment are proper and
 3 necessary, in compliance with [sections 229.13 to 229.16](#).
 4 After the respondent's admission, the observation, medical
 5 treatment, and hospital care of the respondent may be provided
 6 by a mental health professional, as defined in [section 228.1](#),
 7 who is licensed as a physician, advanced registered nurse
 8 practitioner, or physician assistant.

9 Sec. 27. Section 225.16, subsection 1, Code 2021, is amended
 10 to read as follows:

11 1. If the regional administrator for a person's county
 12 of residence finds from the physician's information or
 13 from the information of a physician assistant who meets the
 14 qualifications set forth in the definition of a mental health
 15 professional in section 228.1 which was filed under the
 16 provisions of [section 225.10](#) that it would be appropriate for
 17 the person to be admitted to the state psychiatric hospital,
 18 and the report of the regional administrator made pursuant to
 19 section 225.13 shows that the person and those who are legally
 20 responsible for the person are not able to pay the expenses
 21 incurred at the hospital, or are able to pay only a part of
 22 the expenses, the person shall be considered to be a voluntary
 23 public patient and the regional administrator shall direct that
 24 the person shall be sent to the state psychiatric hospital at
 25 the state university of Iowa for observation, treatment, and
 26 hospital care.

27 Sec. 28. Section 225C.14, subsection 2, Code 2021, is
 28 amended to read as follows:

29 2. As used in [this section](#) and [sections 225C.15, 225C.16,](#)
 30 and [225C.17](#), the term "*medical emergency*" means a situation
 31 in which a prospective patient is received at a state mental
 32 health institute in a condition which, in the opinion of the
 33 chief medical officer, or that officer's physician or physician
 34 assistant designee, provided that a physician assistant
 35 designee meets the qualifications set forth in the definition

1 of a mental health professional in section 228.1, requires the
2 immediate admission of the person notwithstanding the policy
3 stated in [subsection 1](#).

4 Sec. 29. Section 225C.16, subsection 1, Code 2021, is
5 amended to read as follows:

6 1. The chief medical officer of a state mental health
7 institute, or that officer's physician or physician assistant
8 designee, provided that a physician assistant designee meets
9 the qualifications set forth in the definition of a mental
10 health professional in section 228.1, shall advise a person
11 residing in that county who applies for voluntary admission, or
12 a person applying for the voluntary admission of another person
13 who resides in that county, in accordance with [section 229.41](#),
14 that the regional administrator for the county has implemented
15 the policy stated in [section 225C.14](#), and shall advise that a
16 preliminary diagnostic evaluation of the prospective patient
17 be sought, if that has not already been done. [This subsection](#)
18 does not apply when voluntary admission is sought in accordance
19 with [section 229.41](#) under circumstances which, in the opinion
20 of the chief medical officer or that officer's physician
21 designee, constitute a medical emergency.

22 Sec. 30. Section 232.71B, subsection 10, Code 2021, is
23 amended to read as follows:

24 10. *Physical examination.* If the department refers a
25 child to a physician or physician assistant for a physical
26 examination, the department shall contact the physician
27 or physician assistant regarding the examination within
28 twenty-four hours of making the referral. If the physician
29 or physician assistant who performs the examination upon
30 referral by the department reasonably believes the child has
31 been abused, the physician or physician assistant shall report
32 to the department within twenty-four hours of performing the
33 examination.

34 Sec. 31. Section 232.78, subsection 4, unnumbered paragraph
35 1, Code 2021, is amended to read as follows:

1 The juvenile court may enter an order authorizing a
2 physician or physician assistant or hospital to provide
3 emergency medical or surgical procedures before the filing of a
4 petition under [this chapter](#) provided:

5 Sec. 32. Section 232.78, subsection 5, unnumbered paragraph
6 1, Code 2021, is amended to read as follows:

7 The juvenile court, before or after the filing of a petition
8 under [this chapter](#), may enter an ex parte order authorizing
9 a physician or physician assistant or hospital to conduct an
10 outpatient physical examination or authorizing a physician or
11 physician assistant, a psychologist certified under section
12 154B.7, or a community mental health center accredited pursuant
13 to [chapter 230A](#) to conduct an outpatient mental examination
14 of a child if necessary to identify the nature, extent, and
15 cause of injuries to the child as required by [section 232.71B](#),
16 provided all of the following apply:

17 Sec. 33. Section 232.79, subsection 1, unnumbered paragraph
18 1, Code 2021, is amended to read as follows:

19 A peace officer or juvenile court officer may take a child
20 into custody, a physician or physician assistant treating
21 a child may keep the child in custody, or a juvenile court
22 officer may authorize a peace officer, physician or physician
23 assistant, or medical security personnel to take a child into
24 custody, without a court order as required under [section 232.78](#)
25 and without the consent of a parent, guardian, or custodian
26 provided that both of the following apply:

27 Sec. 34. Section 232.79, subsection 2, paragraph a, Code
28 2021, is amended to read as follows:

29 a. Bring the child immediately to a place designated by
30 the rules of the court for this purpose, unless the person is
31 a physician or physician assistant treating the child and the
32 child is or will presently be admitted to a hospital.

33 Sec. 35. Section 232.83, subsection 2, unnumbered paragraph
34 1, Code 2021, is amended to read as follows:

35 Anyone authorized to conduct a preliminary investigation

1 in response to a complaint may apply for, or the court on its
 2 own motion may enter an ex parte order authorizing a physician
 3 or physician assistant or hospital to conduct an outpatient
 4 physical examination or authorizing a physician or physician
 5 assistant, a psychologist certified under [section 154B.7](#), or a
 6 community mental health center accredited pursuant to chapter
 7 230A to conduct an outpatient mental examination of a child if
 8 necessary to identify the nature, extent, and causes of any
 9 injuries, emotional damage, or other such needs of a child as
 10 specified in [section 232.2, subsection 6](#), paragraph "c", "e", or
 11 "f", provided that all of the following apply:

12 Sec. 36. Section 232.95, subsection 2, paragraph c, Code
 13 2021, is amended to read as follows:

14 c. Authorize a physician, physician assistant, or hospital
 15 to provide medical or surgical procedures if such procedures
 16 are necessary to safeguard the child's life or health.

17 Sec. 37. Section 234.22, Code 2021, is amended to read as
 18 follows:

19 **234.22 Extent of services.**

20 Such family planning and birth control services may include
 21 interview with trained personnel; distribution of literature;
 22 referral to a licensed physician or physician assistant
 23 for consultation, examination, tests, medical treatment
 24 and prescription; and, to the extent so prescribed, the
 25 distribution of rhythm charts, drugs, medical preparations,
 26 contraceptive devices and similar products.

27 Sec. 38. Section 235A.13, subsection 9, Code 2021, is
 28 amended to read as follows:

29 9. "*Near fatality*" means an injury to a child that, as
 30 certified by a physician or physician assistant, placed the
 31 child in serious or critical condition.

32 Sec. 39. Section 237A.5, subsection 1, Code 2021, is amended
 33 to read as follows:

34 1. All personnel in licensed or registered facilities
 35 shall have good health as evidenced by a report following a

1 preemployment physical examination taken within six months
2 prior to beginning employment. The examination shall include
3 communicable disease tests by a licensed physician as defined
4 in [section 135C.1](#) or a licensed physician assistant as defined
5 in [section 148C.1](#) and shall be repeated every three years after
6 initial employment. Controlled medical conditions which would
7 not affect the performance of the employee in the capacity
8 employed shall not prohibit employment.

9 Sec. 40. Section 237A.13, subsection 1, paragraph d, Code
10 2021, is amended to read as follows:

11 d. The child's parent, guardian, or custodian is absent
12 for a limited period of time due to hospitalization, physical
13 illness, or mental illness, or is present but is unable to care
14 for the child for a limited period as verified by a physician
15 or physician assistant.

16 Sec. 41. Section 249.3, subsection 2, paragraph a,
17 subparagraph (2), Code 2021, is amended to read as follows:

18 (2) Nursing care in the person's own home, certified by a
19 physician or physician assistant as being required, so long
20 as the cost of the nursing care does not exceed standards
21 established by the department.

22 Sec. 42. Section 321.375, subsection 4, paragraph b,
23 subparagraph (4), Code 2021, is amended to read as follows:

24 (4) Maintaining a daily log of all glucose test results
25 for the previous six-month period and providing copies to the
26 school district or school, the examining physician or examining
27 physician assistant, and the department of education upon
28 request.

29 Sec. 43. Section 321.446, subsection 3, paragraph c, Code
30 2021, is amended to read as follows:

31 c. The transportation of a child who has been certified by
32 a physician licensed under [chapter 148](#) or a physician assistant
33 licensed under chapter 148C as having a medical, physical, or
34 mental condition that prevents or makes inadvisable securing
35 the child in a child restraint system, safety belt, or safety

1 harness.

2 Sec. 44. Section 347B.5, Code 2021, is amended to read as
3 follows:

4 **347B.5 Admission — labor required.**

5 The county care facility shall maintain a record of the name
6 and age of each person admitted and the date of admission. The
7 board may require of any resident of the county care facility,
8 with approval of a physician or physician assistant, reasonable
9 and moderate labor suited to the resident's age and bodily
10 strength. Any income realized through the labor of residents,
11 together with the receipts from operation of the county farm if
12 one is maintained, shall be appropriated for use by the county
13 care facility as the board of supervisors directs.

14 Sec. 45. Section 347B.6, Code 2021, is amended to read as
15 follows:

16 **347B.6 Order for admission.**

17 No person shall be admitted into the county care facility
18 as a resident except upon order of the board of supervisors,
19 which shall be issued only after the person seeking admission
20 has received a preadmission physical examination by a physician
21 or physician assistant. However, if the need for admission
22 of the person to the county care facility is immediate and
23 no physician or physician assistant is readily available to
24 perform the examination, the board may order the person's
25 admission pending an examination by a physician or physician
26 assistant, any provisions of [sections 135C.3](#) and [135C.4](#) to the
27 contrary notwithstanding. When an admission is so ordered, the
28 physical examination shall be completed within three days after
29 the person's admission to the county care facility.

30 Sec. 46. Section 514C.17, subsections 1 and 2, Code 2021,
31 are amended to read as follows:

32 1. Except as provided under [subsection 2 or 3](#), if a carrier,
33 as defined in [section 513B.2](#), or a plan established pursuant to
34 chapter 509A for public employees, terminates its contract with
35 a participating health care provider, a covered individual who

1 is undergoing a specified course of treatment for a terminal
2 illness or a related condition, with the recommendation of the
3 covered individual's treating physician licensed under chapter
4 148 or treating physician assistant licensed under chapter 148C
5 may continue to receive coverage for treatment received from
6 the covered individual's physician or physician assistant for
7 the terminal illness or a related condition, for a period of
8 up to ninety days. Payment for covered benefits and benefit
9 levels shall be according to the terms and conditions of the
10 contract.

11 2. A covered person who makes a change in health plans
12 involuntarily may request that the new health plan cover
13 services of the covered person's treating physician licensed
14 under [chapter 148](#) or treating physician assistant licensed
15 under chapter 148C who is not a participating health care
16 provider under the new health plan, if the covered person is
17 undergoing a specified course of treatment for a terminal
18 illness or a related condition. Continuation of such coverage
19 shall continue for up to ninety days. Payment for covered
20 benefits and benefit levels shall be according to the terms and
21 conditions of the contract.

22 Sec. 47. Section 514C.18, subsection 1, unnumbered
23 paragraph 1, Code 2021, is amended to read as follows:

24 Notwithstanding the uniformity of treatment requirements of
25 section 514C.6, a policy or contract providing for third-party
26 payment or prepayment of health or medical expenses shall
27 provide coverage benefits for the cost associated with
28 equipment, supplies, and self-management training and education
29 for the treatment of all types of diabetes mellitus when
30 prescribed by a physician licensed under [chapter 148](#) or a
31 physician assistant licensed under chapter 148C. Coverage
32 benefits shall include coverage for the cost associated with
33 all of the following:

34 Sec. 48. Section 514C.18, subsection 1, paragraph b,
35 subparagraphs (1) and (2), Code 2021, are amended to read as

1 follows:

2 (1) The physician or physician assistant managing the
3 individual's diabetic condition certifies that such services
4 are needed under a comprehensive plan of care related to the
5 individual's diabetic condition to ensure therapy compliance or
6 to provide the individual with necessary skills and knowledge
7 to participate in the management of the individual's condition.

8 (2) The diabetes self-management training and education
9 program is certified by the Iowa department of public health.
10 The department shall consult with the American diabetes
11 association, Iowa affiliate, in developing the standards for
12 certification of diabetes education programs that cover at
13 least ten hours of initial outpatient diabetes self-management
14 training within a continuous twelve-month period and up to two
15 hours of follow-up training for each subsequent year for each
16 individual diagnosed by a physician or physician assistant with
17 any type of diabetes mellitus.

18 Sec. 49. Section 514C.20, subsection 1, paragraphs a and b,
19 Code 2021, are amended to read as follows:

20 a. A child under five years of age upon a determination by
21 a licensed dentist and the child's treating physician licensed
22 pursuant to chapter 148 or treating physician assistant
23 licensed pursuant to chapter 148C, that such child requires
24 necessary dental treatment in a hospital or ambulatory surgical
25 center due to a dental condition or a developmental disability
26 for which patient management in the dental office has proved
27 to be ineffective.

28 b. Any individual upon a determination by a licensed dentist
29 and the individual's treating physician licensed pursuant to
30 chapter 148 or treating physician assistant licensed pursuant
31 to chapter 148C, that such individual has one or more medical
32 conditions that would create significant or undue medical risk
33 for the individual in the course of delivery of any necessary
34 dental treatment or surgery if not rendered in a hospital or
35 ambulatory surgical center.

1 Sec. 50. Section 514C.25, subsection 1, paragraph a, Code
2 2021, is amended to read as follows:

3 a. Notwithstanding the uniformity of treatment requirements
4 of [section 514C.6](#), a policy, contract, or plan providing for
5 third-party payment or prepayment of health or medical expenses
6 shall provide coverage benefits for medically necessary
7 prosthetic devices when prescribed by a physician licensed
8 under [chapter 148](#) or physician assistant licensed under
9 chapter 148C. Such coverage benefits for medically necessary
10 prosthetic devices shall provide coverage for medically
11 necessary prosthetic devices that, at a minimum, equals
12 the coverage and payment for medically necessary prosthetic
13 devices provided under the most recent federal laws for health
14 insurance for the aged and disabled pursuant to 42 U.S.C.
15 §1395k, 1395l, and 1395m, and [42 C.F.R. §410.100](#), [414.202](#),
16 [414.210](#), and [414.228](#), as applicable.

17 DIVISION II

18 DUTIES OF PHYSICIAN ASSISTANTS — RULES

19 Sec. 51. NEW SECTION. **147.77 Powers, privileges, rights, or**
20 **duties provided by rule — applicability to physician assistants.**

21 1. The following agencies that adopt rules pursuant to
22 chapter 17A providing a power, privilege, right, or duty to
23 a physician licensed under chapter 148 or other profession
24 licensed under this subtitle relating to the following subjects
25 shall, consistent with the scope of practice of physician
26 assistants licensed under chapter 148C, and unless otherwise
27 inconsistent with state or federal law, provide the same power,
28 privilege, right, or duty by rule to a physician assistant
29 licensed under chapter 148C:

30 a. The department of administrative services, with respect
31 to rules relating to the following:

32 (1) Retroactive conversion of vacation time to sick leave
33 for vacation time spent under the care of a physician.

34 (2) Certification of a catastrophic illness by a physician
35 for purposes of donation of leave and second medical

1 opinions and updates sought from a physician relating to such
2 certifications.

3 *b.* The department on aging, with respect to rules relating
4 to a written order from a physician for an older individual
5 requesting a therapeutic diet, and the interpretation of such
6 orders.

7 *c.* The department of corrections, with respect to rules
8 relating to the following:

9 (1) That a parolee shall not use, purchase, possess, or
10 transfer any drugs unless prescribed by a physician.

11 (2) That a serious medical need is one that has been
12 diagnosed by a physician as requiring treatment or is one so
13 obvious that a lay person would easily recognize the necessity
14 for a physician's attention.

15 (3) That each jail shall have a designated licensed
16 physician, licensed osteopathic physician, or medical resource
17 designated for the medical supervision, care, and treatment of
18 prisoners as deemed necessary and appropriate.

19 (4) That prescription medication, as ordered by a licensed
20 physician, licensed osteopathic physician, or licensed dentist
21 shall be provided in accordance with the directions of the
22 prescribing physician or dentist. Prisoners with medication
23 from a personal physician, osteopathic physician, or dentist
24 may be evaluated by a physician, osteopathic physician, or
25 dentist selected by the jail administrator to determine if the
26 present medication is appropriate.

27 (5) That expired drugs or drugs not in unit dose packaging,
28 whose administration had been discontinued by the attending
29 physician, shall be destroyed by the jail administrator or
30 designee in the presence of a witness.

31 (6) That special diets in jails prescribed by a physician
32 shall be followed and documented, that the physician who
33 prescribes the special diet shall specify a date on which the
34 diet will be reviewed for renewal or discontinuation, and that
35 unless specified by the prescribing physician, a certified

1 dietitian shall develop the menu.

2 (7) That special diets prescribed by a physician for the
3 care and treatment of juveniles in nonsecure hold shall be
4 followed and documented.

5 (8) For medical services in temporary holding facilities,
6 that a serious medical need is one that has been diagnosed by
7 a physician as requiring treatment or one that is so obvious
8 that a lay person would easily recognize the necessity for a
9 physician's attention.

10 (9) For medical resources in temporary holding facilities,
11 that each facility shall have a designated licensed physician,
12 licensed osteopathic physician, or medical resource designated
13 for the medical supervision, care, and treatment of detainees
14 as deemed necessary and appropriate.

15 (10) Medication procedures in temporary holding facilities,
16 that prescription medication, as ordered by a licensed
17 physician, licensed osteopathic physician, or licensed dentist
18 shall be provided in accordance with the directions of the
19 prescribing physician or dentist. Detainees with medication
20 from a personal physician, osteopathic physician, or dentist
21 may be evaluated by a physician, osteopathic physician, or
22 dentist selected by the facility administrator to determine if
23 the present medication is appropriate.

24 (11) For medication storage in temporary holding
25 facilities, that expired drugs or drugs not in unit dose
26 packaging, whose administration had been discontinued by
27 the attending physician, shall be destroyed by the facility
28 administrator or designee in the presence of a witness.

29 (12) For medical diets in temporary holding facilities,
30 that special diets as prescribed by a physician shall be
31 followed and documented.

32 (13) For medical care and treatment for juveniles in
33 nonsecure holds in temporary holding facilities, that special
34 diets as prescribed by a physician shall be followed and
35 documented.

1 *d.* The economic development authority, with respect to rules
2 relating to the certification of a person with a disability
3 for the purpose of the targeted small business program, that
4 in order to be considered a person with a disability for the
5 purpose of the targeted small business program, the person must
6 qualify and receive certification as having a disability from
7 a licensed medical physician or must have been found eligible
8 for vocational rehabilitation services by the department of
9 education, division of vocational rehabilitation services, or
10 by the department for the blind.

11 *e.* The department of education, with respect to rules
12 relating to the following:

13 (1) For statements relating to medication administration
14 policies, that a statement that persons administering
15 medication shall include authorized practitioners, such as
16 licensed registered nurses and physicians, and persons to whom
17 authorized practitioners have delegated the administration
18 of prescription and nonprescription drugs. Individuals
19 shall self-administer asthma or other airway constricting
20 disease medication or possess and have use of an epinephrine
21 auto-injector with parent and physician consent on file,
22 without the necessity of demonstrating competency to
23 self-administer these medications.

24 (2) For medication administration courses relating
25 to medication administration policies, that a medication
26 administration course be conducted by a registered nurse
27 or licensed pharmacist and include an annual medication
28 administration procedural skills check completed with a
29 registered nurse or pharmacist.

30 (3) For school-based youth services programs, that
31 preventive and primary health care services shall be delivered
32 by specifically credentialed providers as specified.

33 *f.* The department of human services, with respect to rules
34 relating to the following:

35 (1) That an incident for purposes of accreditation

1 of providers of services to persons with mental illness,
2 intellectual disabilities, or developmental disabilities
3 includes but is not limited to an occurrence involving the
4 individual using the service that results in a physical injury
5 to or by the individual that requires a physician's treatment
6 or admission to a hospital.

7 (2) That a mental health professional, for purposes
8 of accreditation of providers of services to persons with
9 mental illness, intellectual disabilities, or developmental
10 disabilities, includes a medical professional licensed in this
11 state, provided that the professional otherwise meets all of
12 the conditions to qualify as a mental health professional.

13 (3) That home health aide services for purposes of
14 disability services management and regional services may
15 include medications specifically ordered by a physician.

16 (4) That payment relating to the state supplementary
17 assistance program for residential care shall only be made when
18 there is on file an order written by a physician certifying
19 that the applicant or recipient being admitted requires
20 residential care but does not require nursing services.

21 (5) That a case folder for a facility participating in
22 the state supplementary assistance program must include a
23 physician's statement certifying that a resident does not
24 require nursing services.

25 (6) That personnel providing psychological evaluations
26 and counseling or psychotherapy services for area education
27 agencies under the medical assistance program include specified
28 professions endorsed, licensed, or registered in this state,
29 provided that the professional otherwise meets all of the
30 conditions to qualify as a mental health professional.

31 (7) That personnel providing psychological evaluations and
32 counseling or psychotherapy services for providers of infant
33 and toddler program services under the medical assistance
34 program include specified professions endorsed, licensed,
35 or registered in this state, provided that the professional

1 otherwise meets all of the conditions to qualify as a mental
2 health professional.

3 (8) That personnel providing other services for providers
4 of infant and toddler program services under the medical
5 assistance program include specified professions recognized,
6 endorsed, or licensed in this state, provided that the
7 professional otherwise meets all of the conditions to qualify
8 as a mental health professional.

9 (9) That personnel providing psychological evaluations
10 and counseling or psychotherapy services for providers of
11 local education agency services under the medical assistance
12 program include specified professions endorsed, licensed,
13 or registered in this state, provided that the professional
14 otherwise meets all of the conditions to qualify as a mental
15 health professional.

16 (10) That personnel providing other services for providers
17 of local education agency services under the medical assistance
18 program include specified professions recognized, endorsed,
19 or licensed in this state, provided that the professional
20 otherwise meets all of the conditions to qualify as a mental
21 health professional.

22 (11) For payment for medically necessary home health agency
23 services under the medical assistance program, that payment
24 shall be approved for medically necessary home health agency
25 services prescribed by a physician in a plan of home health
26 care provided by a Medicare-certified home health agency.

27 (12) For authorization for medically necessary home health
28 agency services under the medical assistance program, that
29 services shall be authorized by a physician, evidenced by the
30 physician's signature and date on a plan of treatment.

31 (13) For treatment plans of home health agencies under the
32 medical assistance program, that a member's medical condition
33 shall be reflected by the date last seen by a physician, if
34 available.

35 (14) For items included in treatment plans of home health

1 agencies under the medical assistance program, that a plan of
2 care shall include a physician's signature and date and that
3 the plan of care must be signed and dated by the physician
4 before the claim for service is submitted for reimbursement.

5 (15) For skilled nursing services provided by a home health
6 agency under the medical assistance program, that medical
7 documentation shall be submitted justifying the need for
8 continued visits, including the physician's estimate of the
9 length of time that additional visits will be necessary, and
10 that daily skilled nursing visits or multiple daily visits for
11 wound care or insulin injections shall be covered when ordered
12 by a physician and included in the plan of care.

13 (16) For physical therapy services provided by a home health
14 agency under the medical assistance program, that payment shall
15 be made for physical therapy services when the services follow
16 a treatment plan established by the physician after any needed
17 consultation with the qualified physical therapist.

18 (17) For occupational therapy services provided by a
19 home health agency under the medical assistance program,
20 that payment shall be made for occupational therapy services
21 when the services follow a treatment plan established by the
22 physician.

23 (18) For speech therapy services provided by a home health
24 agency under the medical assistance program, that payment shall
25 be made for speech therapy services when the services follow a
26 treatment plan established by the physician.

27 (19) For home health aide services provided by a home health
28 agency under the medical assistance program, that the service
29 as well as the frequency and duration are stated in a written
30 plan of treatment established by a physician.

31 (20) For home health aide services provided by a home health
32 agency under the medical assistance program, that services
33 provided for specified durations when ordered by a physician
34 and included in a plan of care shall be allowed as intermittent
35 services.

1 (21) For home health aide services provided by a home health
2 agency under the medical assistance program, that personal
3 care services include helping the member take medications
4 specifically ordered by a physician.

5 (22) For private duty nursing or personal care services for
6 persons aged twenty and under, under the medical assistance
7 program, that private duty nursing services are those services
8 which are provided by a registered nurse or a licensed
9 practical nurse under the direction of the member's physician
10 to a member in the member's place of residence or outside the
11 member's residence, when normal life activities take the member
12 outside the place of residence.

13 (23) For private duty nursing or personal care services for
14 persons aged twenty and under, under the medical assistance
15 program, that services shall be provided according to a written
16 plan of care authorized by a licensed physician.

17 (24) For private duty nursing or personal care services for
18 persons aged twenty and under, under the medical assistance
19 program, that personal care services are those services
20 provided by a home health aide or certified nurse's aide and
21 which are delegated and supervised by a registered nurse under
22 the direction of the member's physician to a member in the
23 member's place of residence or outside the member's residence,
24 when normal life activities take the member outside the place
25 of residence, and that these services shall be in accordance
26 with the member's plan of care and authorized by a physician.

27 (25) For requirements for private duty nursing or personal
28 care services for persons aged twenty and under, under the
29 medical assistance program, that private duty nursing or
30 personal care services shall be ordered in writing by a
31 physician as evidenced by the physician's signature on the plan
32 of care.

33 (26) For obtaining prescription medications for children in
34 juvenile detention and shelter care homes, that prescription
35 medication provided to residents shall be dispensed only from a

1 licensed pharmacy in this state in accordance with state law,
2 from a licensed pharmacy in another state according to the laws
3 of that state, or by a licensed physician.

4 (27) For health and dental programs provided by agencies
5 providing foster care services, that a child's physical
6 examination shall be performed by a licensed physician or
7 licensed nurse practitioner.

8 (28) For health and dental programs provided by agencies
9 providing foster care services, that if documentation of prior
10 immunization is unavailable, immunizations required by the
11 department of public health shall begin within thirty days of
12 placement, unless contraindicated and unless a statement from
13 a physician to that effect is included in the child's medical
14 record, and that a statement from a physician, referring
15 agency, parent, or guardian indicating immunizations are
16 current is sufficient documentation of immunizations.

17 (29) For the dispensing, storage, authorization, and
18 recording of medications in child care centers, that all
19 medications shall be stored in their original containers, with
20 accompanying physician or pharmacist's directions and label
21 intact and stored so they are inaccessible to children and the
22 public.

23 (30) For an infants' area in a child care center, that
24 upon the recommendation of a child's physician or the area
25 education agency serving the child, a child who is two years
26 of age or older with a disability that results in significant
27 developmental delays in physical and cognitive functioning who
28 does not pose a threat to the safety of the infants may, if
29 appropriate and for a limited time approved by the department,
30 remain in the infant area.

31 (31) For facility requirements for a child development
32 home, that the telephone number for each child's physician
33 shall be written on paper and readily accessible by the
34 telephone.

35 (32) For medications and hazardous materials in a child

1 development home, that medications shall be given only with
2 the parent's or doctor's written authorization, and that each
3 prescribed medication shall be accompanied by a physician's or
4 pharmacist's direction.

5 (33) For medical reports regarding the health of a family
6 in a family life home, that a medical report shall provide
7 significant findings of a physician, such as the presence or
8 absence of any communicable disease.

9 (34) For medical reexaminations of a family in a family
10 life home, that medical reexaminations may be required at the
11 discretion of a physician.

12 (35) For medical examinations of a client in a family life
13 home, that a physician shall certify that the client is free
14 from any communicable disease and does not require a higher
15 level of care than that provided by a family life home.

16 (36) For the records of a client in a family life home,
17 that the family shall have available at all times, the name,
18 address, and telephone number of the client's physician.

19 (37) For the facility requirements for a child care home,
20 that the telephone number for each child's physician shall be
21 written on paper and readily accessible by the telephone.

22 (38) For the administration of medications at a child care
23 home, that medications shall be given only with the parent's or
24 doctor's written authorization and each prescribed medication
25 shall be accompanied by a physician's or pharmacist's
26 direction.

27 (39) For payments for foster care, that an intellectual
28 disabilities professional includes specified professions,
29 provided that the professional otherwise meets all of
30 the conditions to qualify as an intellectual disabilities
31 professional.

32 (40) For payments for foster care, that a mental health
33 professional includes specified professions, provided that the
34 professional otherwise meets all of the conditions to qualify
35 as a mental health professional.

1 (41) For the subsidized adoption program, that a qualified
2 intellectual disability professional includes specified
3 professions, provided that the professional otherwise meets
4 all of the conditions to qualify as a qualified intellectual
5 disability professional.

6 (42) For the subsidized adoption program, that a qualified
7 mental health professional includes specified professions,
8 provided that the professional otherwise meets all of
9 the conditions to qualify as a qualified mental health
10 professional.

11 (43) For the information provided to a foster care provider
12 by a department worker at the time of placement, that the
13 information shall include the names, addresses, and telephone
14 numbers of the child's physician and dentist.

15 *g.* The department of inspections and appeals, with respect
16 to rules relating to the following:

17 (1) For the qualifications of an attending physician at a
18 hospice, that the person shall have an active Iowa license to
19 practice medicine.

20 (2) For residential care facilities for persons with
21 intellectual disabilities, that a qualified intellectual
22 disability professional includes specified professions,
23 provided that the professional otherwise meets all of the
24 conditions to qualify as a qualified intellectual disability
25 professional.

26 (3) For nursing facilities, that a qualified intellectual
27 disabilities professional includes specified professions,
28 provided that the professional otherwise meets all of the
29 conditions to qualify as a qualified intellectual disabilities
30 professional.

31 (4) For intermediate care facilities for persons with
32 mental illness, that a qualified mental health professional
33 includes specified professions, provided that the professional
34 otherwise meets all of the conditions to qualify as a qualified
35 mental health professional.

1 (5) For notifications submitted to the department from
2 a subacute mental health care facility in the event of an
3 accident causing a major injury, including as a major injury an
4 injury which requires consultation with the attending physician
5 or designee of the physician or advanced registered nurse
6 practitioner who determines that an injury is a major injury.

7 *h.* The racing and gaming commission, with respect to rules
8 relating to the following:

9 (1) For the grounds for denial, suspension, or revocation
10 of an occupational or vendor license, that a license shall be
11 denied if the applicant has a history of mental illness without
12 demonstrating successful treatment by a licensed medical
13 physician.

14 (2) For the qualifications for jockeys, that a jockey shall
15 pass a physical examination by a licensed physician affirming
16 fitness to participate as a jockey.

17 (3) For the regulation of licensees in restricted areas of
18 a racing facility, that licensees whose duties require them to
19 be in a restricted area of a racing facility shall not have
20 present within their systems any controlled substance as listed
21 in schedules I to V of U.S.C. Tit. 21 (Food and Drug Section
22 812), chapter 124, or any prescription drug unless it was
23 obtained directly or pursuant to valid prescription or order
24 from a duly licensed physician who is acting in the course of
25 professional practice.

26 *i.* The Iowa law enforcement academy, with respect to rules
27 relating to the following:

28 (1) For the minimum standards for law enforcement officers,
29 that an officer is examined by a licensed physician or surgeon.

30 (2) For hiring standards must be reverified if an individual
31 is not hired by an Iowa law enforcement agency during a
32 specified period of time following completion of the course
33 of study, that the individual must be examined by a licensed
34 physician or surgeon.

35 (3) For the selection or appointment of reserve peace

1 officers, that the person shall be examined by a licensed
2 physician or surgeon.

3 *j.* The natural resource commission, with respect to rules
4 relating to the following:

5 (1) That the grounds for revoking or suspending an
6 instructor license include participation in a course while
7 ingesting prescription medication in a manner contrary to the
8 dosing directions given by the prescribing physician.

9 (2) For applications for use of a crossbow for deer and
10 turkey hunting by handicapped individuals, that an application
11 must include a statement signed by the applicant's physician
12 declaring that the individual is not physically capable of
13 shooting a bow and arrow.

14 (3) For authorization for the use of a crossbow for deer
15 and turkey hunting by handicapped individuals, that if a
16 conservation officer has probable cause to believe the person's
17 handicapped status has improved, making it possible for the
18 person to shoot a bow and arrow, the department of natural
19 resources may, upon the officer's request, require the person
20 to obtain in writing a current physician's statement.

21 (4) For licenses for nonresidents to participate in a
22 special deer hunting season for severely disabled persons,
23 that a nonresident applying for the license must have on file
24 with the department of natural resources either a copy of a
25 disabilities parking permit issued by a state department of
26 transportation or an Iowa department of natural resources form
27 signed by a physician that verifies their disability.

28 *k.* The Iowa department of public health, with respect to
29 rules relating to the following:

30 (1) That "*impaired glucose tolerance*", for purposes of
31 outpatient diabetes education programs, means a condition in
32 which blood glucose levels are higher than normal, diagnosed by
33 a physician, and treated with a food plan, exercise, or weight
34 control.

35 (2) For instructors for programs not recognized by the

1 American diabetes association or accredited by the American
2 association of diabetes educators, that the primary instructors
3 shall be one or more of specified health care professionals who
4 are knowledgeable about the disease process of diabetes and the
5 treatment of diabetes.

6 (3) For the written form for participation in the
7 prescription drug donation repository program, that the form
8 shall include the name and telephone number of the responsible
9 pharmacist, physician, or nurse practitioner who is employed
10 by or under contract with the pharmacy or medical facility,
11 and shall also include a statement, signed and dated by the
12 responsible pharmacist, physician, or nurse practitioner,
13 indicating that the pharmacy or medical facility meets the
14 eligibility requirements and shall comply with the requirements
15 established by rule.

16 (4) For the dispensing of donated prescription drugs and
17 supplies, that donated drugs and supplies may be dispensed
18 only if the drugs or supplies are prescribed by a health
19 care practitioner for use by an eligible individual and
20 are dispensed by a licensed pharmacist, physician, or nurse
21 practitioner.

22 1. The department of public safety, with respect to rules
23 relating to permits to carry weapons, that an unlawful user of
24 or addicted to any controlled substance includes any person who
25 is a current user of a controlled substance in a manner other
26 than as prescribed by a licensed physician.

27 m. The department of transportation, with respect to rules
28 relating to exemptions from motor vehicle window transparency
29 requirements, that a motor vehicle fitted with a front
30 windshield, a front side window, or a front sidewing with less
31 than seventy percent but not less than thirty-five percent
32 light transmittance before July 4, 2012, may continue to be
33 maintained and operated with a front windshield, a front side
34 window, or a front sidewing with less than seventy percent but
35 not less than thirty-five percent light transmittance on or

1 after July 4, 2012, so long as the vehicle continues to be used
2 for the transport of a passenger or operator who documented in
3 the manner specified by the department a medical need for such
4 reduced transparency, which document was signed by the person's
5 physician before July 4, 2012.

6 *n.* The Iowa department of veterans affairs, with respect
7 to rules relating to expenses relating to the purchase of
8 durable equipment or services, that individuals requesting
9 reimbursement who need durable equipment as a medical necessity
10 should provide information from a physician.

11 *o.* The department of workforce development, with respect to
12 rules relating to the following:

13 (1) That a voluntary quit shall be presumed to be without
14 good cause attributable to the employer for purposes of
15 unemployment compensation if a claimant left employment because
16 of illness or injury which was not caused or aggravated by the
17 employment or pregnancy and failed to obtain the advice of a
18 licensed and practicing physician, obtain certification of
19 release for work from a licensed and practicing physician, or
20 return to the employer and offer services upon recovery and
21 certification for work by a licensed and practicing physician.

22 (2) That for purposes of unemployment compensation, it is
23 a reason for a claimant leaving employment with good cause
24 attributable to the employer if the claimant left employment
25 because of illness, injury, or pregnancy upon the advice of
26 a licensed and practicing physician, and upon recovery, when
27 recovery was certified by a licensed and practicing physician,
28 the claimant returned and offered to perform services to the
29 employer, but no suitable, comparable work was available.

30 (3) That for purposes of unemployment compensation it is
31 a reason for a claimant leaving employment with good cause
32 attributable to the employer if the claimant left employment
33 upon the advice of a licensed and practicing physician for the
34 sole purpose of taking a family member to a place having a
35 different climate and subsequently returned to the claimant's

1 regular employer and offered to perform services, but the
2 claimant's regular or comparable work was not available.

3 *p.* The labor services division of the department of
4 workforce development, with respect to rules relating to the
5 following:

6 (1) For the disclosure of a trade secret relating to a
7 hazardous chemical during a medical emergency, that where a
8 treating physician or nurse determines that a medical emergency
9 exists and the specific chemical identity of a hazardous
10 chemical is necessary for emergency or first-aid treatment, the
11 chemical manufacturer, importer, or employer shall immediately
12 disclose the specific chemical identity of a trade secret
13 chemical to that treating physician or nurse, regardless of the
14 existence of a written statement of need or a confidentiality
15 agreement.

16 (2) For the disclosure of a trade secret relating to
17 a hazardous chemical in a nonemergency situation, that in
18 nonemergency situations, a chemical manufacturer, importer,
19 or employer shall, upon request, disclose a specific chemical
20 identity, otherwise permitted to be withheld by rule, to a
21 specified health professional providing medical or other
22 occupational health services to exposed employees or designated
23 representatives in specified circumstances.

24 (3) For applications for a license to practice asbestos
25 removal, that except as noted in rule, only worker and
26 contractor/supervisor license applicants must submit a
27 respiratory protection and physician's certification forms.

28 (4) For documentation held by persons licensed for asbestos
29 abatement in an area that is subject to a disaster emergency
30 proclamation, that the labor commissioner deems an individual
31 contractor, supervisor, or worker to be licensed and authorized
32 for asbestos abatement if the individual, in addition to other
33 specified conditions, makes immediately available on the
34 work site a copy of a physician's statement indicating that,
35 consistent with federal law, a licensed physician has examined

1 the individual within the past twelve months and approved the
2 individual to work while wearing a respirator.

3 (5) That the contents of an application for an event
4 license for a covered athletic event other than a professional
5 wrestling event shall contain, along with other requirements,
6 a copy of the medical license of the ringside physician and
7 the date, time, and location of the ringside physician's
8 examination of the contestants.

9 (6) For the responsibilities of the promoter of an athletic
10 event, that the promoter submit test results to the ringside
11 physician no later than at the time of the physical showing
12 that each contestant scheduled for the event tested negative
13 for the human immunodeficiency, hepatitis B, and hepatitis C
14 viruses within the one-year period prior to the event, and that
15 the contestant shall not participate and the physician shall
16 notify the promoter that the contestant is prohibited from
17 participating for medical reasons if specified circumstances
18 occur.

19 (7) For injuries during a professional boxing match, that if
20 a contestant claims to be injured during the bout, the referee
21 shall stop the bout and request the attending physician to make
22 an examination. If the physician decides that the contestant
23 has been injured as the result of a foul, the physician shall
24 advise the referee of the injury. If the physician is of the
25 opinion that the injured contestant may be able to continue,
26 the physician shall order an intermission, after which the
27 physician shall make another examination and again advise
28 the referee of the injured contestant's condition. It shall
29 be the duty of the promoter to have an approved physician in
30 attendance during the entire duration of all bouts.

31 (8) For persons allowed in a ring during a professional
32 boxing match, that no person other than the contestants and the
33 referee shall enter the ring during the bout, excepting the
34 seconds between the rounds or the attending physician if asked
35 by the referee to examine an injury to a contestant.

1 (9) For the weighing of contestants in a professional boxing
2 match, that contestants shall be weighed and examined on the
3 day of the scheduled match by the attending ring physician at a
4 time and place to be determined by the commissioner.

5 (10) For attending ring physicians during a professional
6 boxing match, that when a boxer has been injured seriously,
7 knocked out, or technically knocked out, the referee shall
8 immediately summon the attending ring physician to aid the
9 stricken boxer, and that managers, handlers, and seconds shall
10 not attend to the stricken boxer, except at the request of the
11 physician.

12 (11) For the keeping of time during a professional boxing
13 match, that the timekeeper shall keep an exact record of time
14 taken out at the request of a referee for an examination of a
15 contestant by the physician.

16 (12) For the suspension of contestants during a
17 professional boxing match that is an elimination tournament,
18 that a contestant who for specified reasons is not permitted
19 to box in the state for a period of time shall be examined by a
20 physician approved by the commissioner before being permitted
21 to fight again.

22 (13) For the designation of officials for professional
23 kickboxing, that the designation of physicians is subject to
24 the approval of the commissioner or designee.

25 (14) For officials for a mixed martial arts event, that
26 officials shall include a physician.

27 (15) For the keeping of time for a mixed martial arts
28 event, that the timekeeper shall keep an exact record of time
29 taken out at the request of a referee for an examination of a
30 contestant by the physician.

31 (16) For persons allowed in the cage during a mixed martial
32 arts event, that a physician may enter the cage to examine a
33 contestant upon the request of the referee.

34 (17) For the decorum of persons involved in a mixed martial
35 arts event, that a contestant is exempt from prohibitions on

1 specified conduct while interacting with the contestant's
2 opponent during a round, but if the round is stopped by the
3 physician or referee for a time out, the prohibitions shall
4 apply to the contestant.

5 (18) For the examination of contestants in a mixed martial
6 arts event, that on the day of the event, at a time and place
7 to be approved by the commissioner, the ringside physician
8 shall conduct a rigorous physical examination to determine the
9 contestant's fitness to participate in a mixed martial arts
10 match, and that a contestant deemed not fit by the physician
11 shall not participate in the event.

12 (19) For injuries during a mixed martial arts event, that if
13 a contestant claims to be injured or when a contestant has been
14 injured seriously or knocked out, the referee shall immediately
15 stop the fight and summon the attending ring physician to make
16 an examination of the stricken fighter. If the physician
17 decides that the contestant has been injured, the physician
18 shall advise the referee of the severity of the injury. If
19 the physician is of the opinion the injured contestant may be
20 able to continue, the physician shall order an intermission,
21 after which the physician shall make another examination and
22 again advise the referee of the injured contestant's condition.
23 Managers, handlers, and seconds shall not attend to the
24 stricken fighter, except at the request of the physician.

25 2. This section shall not be construed to expand, diminish,
26 or otherwise modify the scope of practice of any profession
27 licensed under this subtitle.

28 3. The rulemaking requirements provided in this section
29 shall not be construed to prohibit the agencies listed in
30 subsection 1 from engaging in further rulemaking not in
31 conflict with this section or state or federal law relating to
32 the subject matter of this section or to otherwise diminish the
33 authority to engage in rulemaking provided to those agencies by
34 any other statute.